## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I<br>(Column 1) (Co  |  |   |                    |                      |                              | SMALL ENTITY umn 2) TYPE TYPE |       |                     | ITITY                  | OR    | OTHER<br>SMALL I    |                        |
|---|--|---|--------------------|----------------------|------------------------------|-------------------------------|-------|---------------------|------------------------|-------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 95                 |                      |                              |                               | ſ     | RATE                | FEE                    |       | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED       |                      | NUMBER EXTRA                 |                               |       | BASIC FEE           | 355.00                 | OR    | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 25 _ minus 20=     |                      | * 5                          |                               |       | X\$ 9=              |                        | OR    | X\$18=              | 9000                   |
| INDEPENDENT CLAIMS  |  |   | 3_ minus 3 =       |                      | · Ø                          |                               |       | X40=                |                        | OR    | X80=                | 7010                   |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT             |                      |                              |                               |       | +135=               |                        | OR    | +270=               |                        |
| * If  | the difference                                 | in column 1 is                            | less than ze       | r "0" in c           | olumn 2                      |                               | TOTAL |                     | OR                     | TOTAL | Ennin               |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                    |                      |                              |                               |       |                     |                        |       | OTHER THAN          |                        |
| _   | A STATE OF STATE OF STATE                      | (Column 1)                                | (Column<br>HIGHEST |                      |                              | (Column 3)                    | _     | SMALL               | ENTITY                 | OR .  | SMALL               | ENTITY                 |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA              |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus              | **                   |                              | =                             |       | X\$ 9=              |                        | OR    | X\$18=              |                        |
|   | Independent                                    |   |                    | T CL AIM             | =                            | 1                             | X40=  |                     | OR                     | X80=  |                     |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                    |                      |                              |                               | J     | +135=               |                        | OR    | +270=               |                        |
|   |  |   |                    |                      |                              |                               |       | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                    |                      |                              |                               |       | ADDII. FEE (        | •                      |       |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ,                  | HIGI<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA              |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus              | ** .                 |                              | =                             |       | X\$ 9=              |                        | OR    | X\$18=              |                        |
| AME   | Independent                                    | *   | Minus              | ***                  | T OL ALIA                    | =                             | ↓ I   | X40=                |                        | OR    | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                    |                      |                              |                               |       | +135=               |                        | OR    | +270=               |                        |
| ST AVAILABLE COPY   |  |   |                    |                      |                              |                               | 1     | TOTAL<br>ADDIT. FEE |                        |       | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                    |                      |                              |                               |       | ADDII. FEE          |                        |       |                     |                        |
| AMENDMENT C   | ,  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA              |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus              | . **                 |                              | =                             | ] [   | X\$ 9=              |                        | OR    | X\$18=              | ï                      |
| AME   | Independent                                    | NTATION OF M                              | Minus              | ***                  | T () A () A                  | <u> -</u>                     | ┨╏    | X40=                |                        | OR    | X80=                | ,                      |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                      |                              |                               |       | +135=               | . ·                    | OR    | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "High st Number Previously Paid For" (Total r Independent) is the highest number found in the appropriate box in column 1. |  |   |                    |                      |                              |                               |       |                     |                        |       |                     |                        |